



2013 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP710

Facility Name: Grady Memorial Hospital

County: Fulton

Street Address: 80 Jesse Hill, Jr. Drive, S.E.

City: Atlanta

Zip: 30303

Mailing Address: 80 Jesse Hill, Jr. Drive, SE

Mailing City: Atlanta

Mailing Zip: 30303-3050

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2013 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 1/1/2013 To:12/31/2013

Please indicate your cost report year.

From: 01/01/2013 To:12/31/2013

Check the box to the right if your facility was **not** operational for the entire year.

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Ryan Wilson

Contact Title: Senior Decision Support Analyst

Phone: 404-616-3373

Fax: 404-616-1999

E-mail: rwilson1@gmh.edu

Part C : Financial Data and Indigent and Charity Care

1. Financial Table

Please report the following data elements. Data reported here must balance in other parts of the HFS.

Revenue or Expense	Amount
Inpatient Gross Patient Revenue	1,420,608,744
Total Inpatient Admissions accounting for Inpatient Revenue	29,849
Outpatient Gross Patient Revenue	715,625,839
Total Outpatient Visits accounting for Outpatient Revenue	573,661
Medicare Contractual Adjustments	263,084,661
Medicaid Contractual Adjustments	435,272,470
Other Contractual Adjustments:	490,954,078
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	234,665,366
Uncompensated Indigent Care (net):	162,817,962
Uncompensated Charity Care (net):	40,658,086
Other Free Care:	1,203,628
Other Revenue/Gains:	45,187,107
Total Expenses:	647,181,819

2. Types of Other Free Care

Please enter the amount for each type of other free care. The amounts entered here must equal the total "Other Free Care" reported in Part C. Question 1. Use the blank line to indicate the type description and amount for other free care that is not included in the types listed.

Other Free Care Type	Other Free Care Amount
Self-Pay/Uninsured Discounts	0
Admin Discounts	1,203,628
Employee Discounts	0
	0
Total	1,203,628

Part D : Indigent/Charity Care Policies and Agreements

1. Formal Written Policy

Did the hospital have a formal written policy or written policies concerning the provision of indigent and/or charity care during 2013? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2013?

08/10/2009

3. Person Responsible

Please indicate the title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.?

Tommie McCommon

4. Charity Care Provisions

Did the policy or policies include provisions for the care that is defined as charity pursuant to HFMA guidelines and the definitions contained in the Glossary that accompanies this survey (i.e., a sliding fee scale or the accomodation to provide care without the expectation of compensation for patients whose individual or family income exceeds 125% of federal poverty level guidelines)? (Check box if yes.)

5. Maximum Income Level

If you had a provision for charity care in your policy, as reflected by responding yes to item 4, what was the maximum income level, expressed as a percentage of the federal poverty guidelines, for a patient to be considered for charity care (e.g., 185%, 200%, 235%, etc.)?

250%

6. Agreements Concerning the Receipt of Government Funds

Did the hospital have an agreement or agreements with any city or county concerning the receipt of government funds for indigent and/or charity care during 2013? (Check box if yes.)

Part E : Indigent And Charity Care

1. Gross Indigent and Charity Care Charges

Please indicate the totals for indigent and charity care for the categories provided below. If the hospital used a sliding fee scale for certain charity patients, only the net charges to charity should be reported (i.e., gross patient charges less any payments received from or billed to the patient.) Total Uncompensated I/C Care must balance to totals reported in Part C.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	96,799,442	17,568,452	114,367,894
Outpatient	161,868,493	23,089,634	184,958,127
Total	258,667,935	40,658,086	299,326,021

2. Sources of Indigent and Charity Care Funding

Please indicate the source of funding for indigent and/or charity care in the table below.

Source of Funding	Amount
Home County	50,000,000
Other Counties	11,232,343
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	17,455,431
Federal Government	17,162,199
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	95,849,973

3. Net Uncompensated Indigent and Charity Care Charges

Total net indigent care must balance to Part C net indigent care and total net charity care must balance to Part C net charity care.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	60,930,195	17,568,452	78,498,647
Outpatient	101,887,767	23,089,634	124,977,401
Total	162,817,962	40,658,086	203,476,048

Part F : Patient Origin

1. Total Gross Indigent/Charity Care By Charges County

Please report Indigent/Charity Care by County in the following categories. For non Georgia use Alabama, Florida, North Carolina, South Carolina, Tennessee, or Other-Out-of-State.

To add a row press the button. To delete a row press the minus button at the end of the row.

(You may enter the data on the web form or upload the data to the web form using the .csv file.)

Inp Ad-I = Inpatient Admissions (Indigent Care)

Inp Ch-I = Inpatient Charges (Indigent Care)

Out Vis-I = Outpatient Visits (Indigent Care)

Out Ch-I = Outpatient Charges (Indigent Care)

Inp Ad-C = Inpatient Admissions (Charity Care)

Inp Ch-C = Inpatient Charges (Charity Care)

Out Vis-C = Outpatient Visits (Charity Care)

Out Ch-C = Outpatient Charges (Charity Care)

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C
Alabama	0	0	1	230	0	0	0	0
Baldwin	0	0	1	9,258	0	0	0	0
Barrow	0	0	12	5,355	0	0	6	47,848
Bartow	3	9,902	21	8,116	1	20,318	13	1,027
Bibb	1	0	2	1,793	0	0	1	0
Bryan	0	0	2	0	0	0	0	0
Bulloch	0	0	1	88	0	0	0	0
Butts	1	10,571	38	14,067	0	0	1	53
Carroll	1	0	34	8,927	2	54,597	14	2,178
Chatham	0	0	5	1,046	0	0	0	0
Chattooga	0	0	1	0	0	0	0	0
Cherokee	0	0	117	139,867	3	37,496	45	4,835
Clarke	1	0	5	1,072	0	0	0	0
Clay	0	0	1	36	0	0	0	0
Clayton	119	1,598,093	3,352	1,390,773	0	0	783	174,379
Cobb	40	93,567	1,560	509,116	57	17,825	511	95,728
Coffee	0	0	3	16,531	0	0	0	0
Columbia	2	81,063	4	499	0	0	0	0
Cook	0	0	2	1,382	0	0	0	0
Coweta	9	242,784	125	46,684	1	13,754	31	10,471
Dawson	2	163,073	5	1,661	0	0	7	232
Decatur	0	0	49	50,629	0	0	14	1,738
DeKalb	2,029	36,730,487	80,678	67,437,248	578	7,550,689	22,796	10,683,093
Dodge	0	0	5	263	0	0	0	0
Dooly	1	0	1	316	0	0	0	0
Dougherty	0	0	9	2,885	0	0	3	148
Douglas	9	44,286	433	175,158	2	7,089	104	16,919
Fannin	0	0	4	403	0	0	0	0
Fayette	10	174,847	147	62,803	1	6,233	56	6,284
Florida	1	60,353	5	1,205	0	0	0	0
Floyd	0	0	2	323	0	0	0	0
Forsyth	0	0	37	4,589	0	0	16	4,587

Franklin	0	0	1	649	0	0	0	0
Fulton	3,139	55,327,259	111,731	89,954,744	773	9,693,283	26,190	11,829,955
Gilmer	0	0	28	60,249	0	0	0	0
Glynn	0	0	3	577	0	0	0	0
Gordon	0	0	0	0	0	0	3	105
Gwinnett	108	1,263,958	2,744	1,065,401	23	131,373	626	122,322
Habersham	0	0	8	3,813	0	0	0	0
Hall	2	15,683	39	7,529	0	0	6	278
Hancock	0	0	1	368	0	0	5	316
Haralson	0	0	0	0	0	0	2	8,469
Harris	0	0	10	14,770	0	0	0	0
Hart	0	0	2	534	0	0	0	0
Heard	0	0	0	0	0	0	2	185
Henry	33	391,984	808	407,148	6	3,458	147	21,865
Houston	0	0	1	0	0	0	0	0
Jackson	0	0	6	933	0	0	0	0
Jasper	1	0	10	12,832	0	0	1	390
Jefferson	0	0	2	2,572	0	0	0	0
Jenkins	0	0	0	0	0	0	2	578
Johnson	0	0	0	0	0	0	2	53
Jones	0	0	1	1,541	0	0	0	0
Lamar	0	0	1	0	0	0	1	199
Lumpkin	0	0	7	1,816	0	0	0	0
Macon	0	0	3	849	0	0	0	0
Madison	2	0	3	1,296	0	0	0	0
Meriwether	1	2,220	18	5,689	0	0	2	471
Monroe	0	0	6	13,566	0	0	2	325
Montgomery	1	3,652	5	21,480	0	0	0	0
Morgan	0	0	17	4,157	0	0	1	53
Muscogee	0	0	2	88	3	0	7	166
Newton	11	170,759	371	124,743	3	4,332	60	7,457
North Carolina	1	0	1	0	0	0	0	0
Oconee	0	0	10	2,102	0	0	2	1,844
Other Out of State	3	25,011	73	27,838	0	0	13	2,604
Paulding	3	193,336	77	18,476	3	0	61	15,176
Peach	0	0	0	0	1	0	0	0
Pickens	1	0	19	6,052	0	0	4	96
Pike	0	0	2	84	0	0	0	0
Polk	1	10,846	31	5,368	1	0	4	0
Putnam	0	0	11	4,352	0	0	0	0
Randolph	0	0	4	0	0	0	0	0
Richmond	0	0	16	5,909	0	0	0	0
Rockdale	9	102,883	407	92,215	5	28,005	71	10,203
South Carolina	0	0	2	0	0	0	0	0

Spalding	2	60,035	33	19,106	0	0	9	893
Stephens	0	0	4	349	0	0	0	0
Sumter	0	0	2	0	0	0	0	0
Talbot	0	0	1	1,376	0	0	0	0
Taylor	0	0	2	650	0	0	0	0
Telfair	0	0	2	1,197	0	0	0	0
Toombs	0	0	3	20,885	0	0	0	0
Towns	0	0	1	0	0	0	0	0
Treutlen	0	0	1	123	0	0	0	0
Troup	0	0	27	14,062	0	0	1	0
Upson	0	0	6	5,441	0	0	0	0
Walton	2	22,790	92	42,428	0	0	14	13,896
Washington	0	0	1	0	0	0	0	0
Wayne	0	0	1	608	0	0	0	0
White	0	0	2	66	0	0	8	2,215
Whitfield	0	0	2	139	1	0	0	0
Total	5,549	96,799,442	203,323	61,868,493	1,464	17,568,452	51,647	23,089,634

Indigent Care Trust Fund Addendum

1. Indigent Care Trust Fund

Did your hospital receive funds from the Indigent Care Trust Fund during its Fiscal Year 2013?
(Check box if yes.)

2. Amount Charged to ICTF

Indicate the amount charged to the ICTF by each State Fiscal Year (SFY) and for each of the patient categories indicated below during Hospital Fiscal Year 2013.

Patient Category		SFY 2012	SFY2013	SFY2014
		7/1/11-6/30/12	7/1/12-6/30/13	7/1/13-6/30/14
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	84,067,079	84,067,079
B.	Medically Indigent Patients with incomes between 125% and 200% of the Federal Poverty Level Guidelines where adjustments were made to patient amounts due in accordance with an established sliding scale.	0	13,213,878	13,213,878
C.	Other Patients in accordance with the department approved policy.	0	0	0

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2012	SFY2013	SFY2014
7/1/11-6/30/12	7/1/12-6/30/13	7/1/13-6/30/14
0	30,352	30,352

Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Signature of Chief Executive: John M. Hauptert

Date: 7/31/2014

Title: CEO

I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Signature of Financial Officer: Mark Meyer

Date: 7/31/2014

Title: CFO

Comments:

Part F - The counts for IP Admissions and OP Visits by county are unique encounter numbers.
ICTF Addendum Question 3 - Patient count is unique Medical Record Numbers.